


For Official Use Only
AUG 15 2005
D
OLMS DPDA

1. File Number U - 6776	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Craig Harvey P.O. Box, Bldg., Room No., if any Street One Union Square, Suite 1 City Charleston State West Virginia ZIP Code + 4 25302	4. Name, file number, and address of labor organization. Name Construction & General Laborers' L.U. No. 1353 Labor Organization File Number 022-570 P.O. Box, Building and Room Number, if any Street One Union Square, Suite 1 City Charleston State West Virginia ZIP Code + 4 25302
5. Position in labor organization. Business Manager	

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>7.a. Nature of Interest, Transaction, or Income.</p>
	<p>7.b. Amount.</p>

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8/2/2005 (304) 343-9641
Date Telephone Number

Name of Person Filing Craig Harvey	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name West Virginia Laborers' Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Union Square, Suite 4 City Charleston State West Virginia ZIP Code + 4 25302	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. As a trustee of the West Virginia Laborers' Trust Fund, W. Craig Harvey was reimbursed for expenses in connection with his attendance at a trust meeting in Orlando, FL on 1/18/04 through 1/22/04. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">11.b. Approximate dollar value of such dealing.</td> <td style="width: 20%; text-align: right;">\$1,249</td> </tr> </table> 12.a. Nature of interest held or income received. Reimbursed expenses (gasoline, hotel, and daily expenses) for attendance as a trustee at a trust meeting. The basis for such reimbursement was a Trustee Expense Voucher. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">12.b. Amount.</td> <td style="width: 20%; text-align: right;">\$1,249</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$1,249	12.b. Amount.	\$1,249
11.b. Approximate dollar value of such dealing.	\$1,249				
12.b. Amount.	\$1,249				

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.